

Professional Education Supplemental Pool Survey

Cultural Competence Training


Year: 2005 Facility:

Only respond to questions 1-10 if there has been a change in a previously approved submission or it is a new submission.


1.) Is the Training plan submission new or an update:


2.) Describe the training formats and the number of hours each resident will spend training in each format.






3.) Describe the goals and topics covered in training.



4.) Describe how residents will be scheduled.






5.) When will training begin?






6.) Who will provide training?

7.) How will faculty be recruited for the training?

8.) How will the institution document and track that 80% of residents received 8 hours of training?

9.) Does the training include faculty as trainees and trainers?

YES	
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10.) Are non-physician staff included in the training?


YES	
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11.) Contact person at sponsoring institution:

- a.) Name:
- b.) Phone:
- c.) Email:

12.) I certify that all residency training programs at this institution comply with the Guidelines for Medical Residents as Primary and Specialty Care Providers.

a.)

YES	
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- b.) Name:
- c.) Title:

13.)

	A	B	C	D
	# of Residents* Training at Facility	# of Residents* Receiving 8 Hrs of Cultural Competency Training at Institution	# of Residents* Receiving 8 Hrs of Cultural Competency at Another Institution	Total Residents* Receiving Cultural Competence Training
PGY 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PGY 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PGY 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PGY 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PGY 5 and above	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Residents should be reported as the number of training individuals, not FTEs.

Names of Other Institutions Providing Training: